



BO13E: Extension Request for Boiler Affirmation of Correction

1 form per boiler

This form must be accompanied by a copy of the BO9 report AND must be received prior to the due date for the BO13.
Please return completed form to: NYC DOB—Boiler Division, 280 Broadway, 4th Floor, New York, NY 10007

1 Location Information

Building Owner: _____ Boiler # _____

Building Address: _____ Borough _____

2 Boiler Information

Type of Device: High Low Type of Inspection: Internal External

3 Extension Request Information

Will replacing the Burner be required to correct the defects identified? Yes No If yes, provide receipt for ordered part

Will replacing the Boiler be required to correct the defects identified? Yes No

Will a permit be required for the work involved to correct the defect? Yes No If yes, provide job #:

4 List Supporting Documentation Attached (Include any documentation to verify claims, such as receipt for parts on order)

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Please explain the justification for an extension request below. Check here if you have attached an additional sheet and initial sheet.

EXTENSIONS ARE GRANTED ON A CASE BY CASE BASIS. JUSTIFICATIONS MUST BE TECHNICAL IN NATURE.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Signature _____ Date _____

Print Name (Print Clearly) _____ NYC License No. (if applicable) _____

Telephone No. (Print Clearly) _____ Email Address _____

INTERNAL USE ONLY — DOB BOILER STAFF

Extension Approved for _____ days Not Approved

DOB Representative: _____ Signature _____ Date _____